

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/767,041

FILING DATE

1-22-01

APPLICANT(S)

6/22/04 CLAIMS

6/22/04

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/		/	
2	/		/		/	
3	/		/		/	
4	/		/		/	
5	/		/		/	
6	/		/		/	
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49	/		/		/	
50	/		/		/	
TOTAL IND.	6		2			
TOTAL DEP.	22		30			
TOTAL CLAIMS	33		32			

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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53						
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96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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